

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SYCAMORE SPRINGS SURGERY CENTER, L.L.C.  
C/O CARYN FINK, REGISTERED AGENT  
4715 STATESMEN DR STE A  
INDIANAPOLIS, IN 46250

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SURGICAL CENTER DEVELOPMENT #3 LLC  
C/O NEVADA BUSINESS SERVICES, REGISTERED AGENT  
1805 N CARSON STREET SUITE X  
CARSON CITY, NV 89701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

## Northern District of Indiana

Defendant(s)

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) RIVERVIEW SURGERY CENTER LLC  
C/O RITA RAMSEY, REGISTERED AGENT  
1276 NORTH PLAZA DRIVE SUITE 100  
ROCKPORT, IN 47653

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Daniel K. Ryan

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00253

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☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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☐ Other *(specify)*:

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I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

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*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

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# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MUNSTER SPECIALTY SURGERY CENTER LLC  
C/O GREGORY FOX MD, REGISTERED AGENT  
639 S. WALKER STREET, SUITE E  
BLOOMINGTON, IN 47403

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

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# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* METRO SPECIALTY SURGERY CENTER, L.L.C.  
C/O LEE ANN MASSEY, REGISTERED AGENT  
200 MISSOURI AVE BLDG 18 STE A  
JEFFERSONVILLE, IN 47130

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SURGICAL CENTER DEVELOPMENT, INC.  
C/O NEVADA BUSINESS SERVICES, REGISTERED AGENT  
1805 N CARSON STREET SUITE X  
CARSON CITY, NV 89701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

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*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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☐ Other *(specify)*:

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I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SOUTH BEND SPECIALTY SURGERY CENTER LLC  
C/O RALPH LANTZ, REGISTERED AGENT  
335 FLORENCE AVENUE, SUITE 1B  
GRANGER, IN 46530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

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This summons for *(name of individual and title, if any)* \_\_\_\_\_  
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☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* NORTHWEST REGIONAL SURGERY CENTER LLC  
C/O STEPHANIE MCLAIN, REGISTERED AGENT  
8900 BROADWAY AVENUE, SUITE 100W  
MERRILLVILLE, IN 46410

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

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I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

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# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MIDWEST SPECIALTY SURGERY CENTER LLC  
C/O GREGORY FOX MD, REGISTERED AGENT  
639 S. WALKER STREET, SUITE E  
BLOOMINGTON, IN 47403

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

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*Signature of Clerk or Deputy Clerk*

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Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* INDIANA SPECIALTY SURGERY CENTER, LLC  
C/O LINDA GIEDROC, REGISTERED AGENT  
1380 W ARCH HAVEN AVE  
BLOOMINGTON, IN 47403

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

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CLERK OF COURT

Date: \_\_\_\_\_

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*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

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\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* COLUMBUS SPECIALTY SURGERY CENTER LLC  
C/O JOY TURNER, REGISTERED AGENT  
2425 NORTHPARK DRIVE, SUITE 20  
COLUMBUS, IN 47203

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* ADVANCED REGIONAL SURGERY CENTER LLC  
C/O GREGORY FOX MD, REGISTERED AGENT  
3630 E COMMODORE TRAIL  
BLOOMINGTON, IN 47408

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



# UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

CONNECTICUT GENERAL LIFE INSURANCE  
COMPANY, CIGNA HEALTH AND LIFE  
INSURANCE COMPANY

*Plaintiff(s)*

v.

NORTHWEST REGIONAL SURGERY CENTER  
LLC, ET AL.

*Defendant(s)*

Civil Action No. 2:15-cv-00253

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CARMEL SPECIALTY SURGERY CENTER LLC  
C/O TRACY GOODIN, REGISTERED AGENT  
11590 N. MERIDIAN ST. STE 130  
CARMEL, IN 46032

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Daniel K. Ryan  
Hinshaw & Culbertson LLP  
222 North LaSalle Street  
Suite 300  
Chicago, IL 60601-1081

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. 2:15-cv-00253

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc: